

RED ROCKS COMMUNITY COLLEGE WORK STUDY EMPLOYEE TIMESHEET

PLEASE PRINT CLEARLY

NAME: Jones, Marilyn J.
(LAST) (FIRST) (INITIAL)

S - NUMBER: XXXXXXXX

DEPARTMENT EMPLOYED BY: Student Employment & Internship Services

POSITION: Clerical Assistant II **ORG & ACCOUNT CODES:** XXXXXX, XXXXXX

TOTAL HOURS WORKED PER DAY (Round off to the nearest quarter hour in decimal format *)

	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	TOTAL HOURS	
1ST WEEK DATES →	7/31	8/1	8/2	8/3	8/4	8/5	8/6		
WEEK ENDING 08/06/10			4.00	5.00	5.00	6.00		20.00	1ST WEEK TOTAL
WEEK ENDING 08/13/10			5.00	4.00	6.00	5.00		20.00	2ND WEEK TOTAL
2ND WEEK DATES →	8/7	8/8	8/9	8/10	8/11	8/12	8/13		
	Sat	Sun	Mon	Tues	Wed	Thurs	Fri		PAY PERIOD TOTAL
								40.00	

40.00
HOURS

X

8.00
RATE

=

\$320.00
GROSS PAY

No student may be paid from Work-Study funds unless he/she has been found eligible for a Work-Study award by the Financial Aid Office, and has been assigned to and processed for a Work-Study job by the Student Employment Office prior to the performance of any work.

I hereby certify the above is an accurate account of my work hours and that I am still enrolled and attending at least (6) credit hours of course work this semester.

EMPLOYEE'S SIGNATURE **DATE** **EXTENSION**

I hereby certify that this time sheet is a true statement of the hours worked by this student who was enrolled at least half-time (6 credit hours) during this pay period and that the work assigned has been performed.

SUPERVISOR'S SIGNATURE **DATE** **EXTENSION**

Any person who knowingly makes a false statement or a misrepresentation on this form shall be subject to disciplinary action and also may be subject to a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both, under provision of the United States Criminal Code.

SUPERVISOR NOTE : PLEASE RETAIN A COPY OF THIS STUDENT TIMESHEET FOR YOUR FILES.

FOR ACCOUNTING USE ONLY

* CONVERT MINUTES TO DECIMALS

15 MIN. = .25
30 MIN. = .50
45 MIN. = .75

Audited by _____ EARNINGS CODE _____